FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMBUSSION
Washington, D.C. 20549

DEC 2 0 2006

OMB APPROVAL

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DATE RECEIVED

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
The Smart Pill Corporation Series F Preferred Shares and Warrants Offering	COMMINISTRATION CONTROL OF THE CONTR
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ nroe,
Type of Filing: New Filing Amendment	: 1384,1411,1411,514,141,141,144,44,144
A. BASIC IDENTIFICATION DATA	06064821 <del>-</del>
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
The Smart Pill Corporation	,
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
847 Main Street, Buffalo, NY 14203	716-882-0701
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Developer of Ambulant Capsule Technology for Gastrointestinal Healthcare	
	PROCESOR
Type of Business Organization  Corporation  Ilmited partnership, already formed  other (pl	lease specify):
business trust limited partnership, to be formed	PROCESSED  JAN 0'8 2007
Month Year	
Actual or Estimated Date of Incorporation or Organization: 09 99 Actual Estim	nated HOMSON'
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
	,
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	•
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
Faiture A dile and in the second and	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessifiing of a federal notice.	

A. BASICIDENTIFICATION DATA:	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class	of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partner	ship issuers; and
Each general and managing partner of partnership issuers.	í
	General and/or Managing Partner
Full Name (Last name first, if individual)  Barthel, David	1
Business or Residence Address (Number and Street, City, State, Zip Code) 847 Main Street, Buffalo, NY 14203	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Sperandio, Robert	· .
Business or Residence Address (Number and Street, City, State, Zip Code)  11 Twin Ponds Drive, Spencerport, NY 14559	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Broadhurst, Austin, Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
184 Moultobor Neck Road, Moultonborough, NH 03254	•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	ı
Schneider, Kenneth	!
Business or Residence Address (Number and Street, City, State, Zip Code)	
20011 NE 85th Street, Redmond, WA 98053	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Downing, Michael	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Downing Enterprises LLC, 2569 South Shore Blvd, White Bear Lake, MN 55110-3934	<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer, Director	General and/or Managing Partner
Full Name (Last name first, if individual) Smith, L. Peter	
Business or Residence Address (Number and Street, City, State, Zip Code) 551 East Prospect Ave., Lake Bluff, Illinois 60044	; I
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Schentag, Jerome	i i
Business or Residence Address (Number and Street, City, State, Zip Code) 100 Cross Boulevard, Amherst, NY 14226	

## The Smart Pill Corporation Form D, Series F Preferred Stock and Warrants Offering Continuation of Part A.2 (Basic Identification Data)

Smith, Ronald (Beneficial Owner) 26 Hillsboro Drive Orchard Park, New York 14127

Sulick, Edward (Beneficial Owner) 5000 Spaulding Drive Clarence, New York 14031

EBIZ Global Partners LLC (Beneficial Owner) 20005 Northeast 85<sup>th</sup> Street Redmond, Washington 98053

Semler, John (Beneficial Owner) 4451 East Overlook Drive Williamsville, New York 14221

Smart Pill Diagnostics, Inc. (Beneficial Owner) 847 Main Street Buffalo, New York 14203

Five Point, LLC (Beneficial Owner) c/o LHC Corporation 14 Silverside Carr Executive Center 501 Silverside Road Wilmington, Delaware 19809

Heron I, LLC (Beneficial Owner) c/o LHC Corporation 14 Silverside Carr Executive Center 501 Silverside Road Wilmington, Delaware 19809

British Isles, LLC (Beneficial Owner) c/o LHC Corporation 14 Silverside Carr Executive Center 501 Silverside Road Wilmington, Delaware 19809

Newtek Business Services, Inc. (fka Exponential of New York, LLC) (Beneficial Owner) 462 7th Avenue 14th Floor
New York, New York 10018

Fox Ventures 06, LLC (Beneficial Owner) 12411 Ventura Boulevard Studio City, California 91604

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	** .1	, a	1 . 1		1		P. 17					Yes	No !
1.	Has the	issuer sole	d, or does t			II, to non-a Appendix,				-	******		X
2.	What is	the minim	num investr								,	s_N	<u> </u>
		7					-					Yes	No
3.		1.	permit join									_	
4.	commis	sion or sim	tion reques ilar remune	eration for s	olicitation	of purchase	ers in conne	ction with	sales of sec	curities in t	he offering	•	,
			sted is an as: ame of the b										•
	a broke	r or dealer,	, you may s	et forth the						<u> </u>			
Ful	l Name (l	Last name	first, if ind	ividual)		;			i				,
Bus	siness or	Residence	Address (N	Number and	Street, Ci	ty, State, Z	ip Code)						;
		d D	D-							·-·			<u>!</u>
Nai	me of Ass	sociated Bi	roker or De	eater									!
Sta			Listed Ha										į
	(Check	"All States	s" or check	individual	States)		••••••					☐ Al	l States
	AL	AK	AZ	ĀR	CA	. <u>CO</u>	CT	DE	DC	FL	<u>GA</u>	HI	
	[IL] [MT]	IN NE	NV	KS NH	KY NJ	[LA] [NM]	ME NY	MD NC	MA ND	[MI] [OH]	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
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Bus	siness or	Residence	Address ()	Number an	d Street, C	ity, State, 2	Zip Code)	·	1				
Nar	me of Ass	ociated Br	roker or De	aler		······································	<u> </u>					·	i
	·												·
Sta	tes in Wh	ich Person		e Solicited	or Intends	to Colinit	Jurchacerc						
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		"All States	s" or check	individual	States)							_	! States
	ĀL	"All States	s" or check	individual	States)	CO	CT	DE	DC	FL	GA	HI	ID)
		"All States	s" or check	individual	States)							_	:
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Ful	AL IL MT RI	All States  AK  IN  NE  SC	AZ IA NV	AR  KS  NH  TN	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
	AL IL MT RI	AK IN NE SC	AZ IA NV SD first, if ind	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
	AL IL MT RI	AK IN NE SC	S" or check  AZ  IA  NV  SD	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Bus	AL IL MT RI I Name (I	AK IN NE SC Last name	AZ IA NV SD first, if ind	individual  (AR)  (KS)  (NH)  (TN)  ividual)  Number an	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA PR
Bus	AL IL MT RI I Name (I	AK IN NE SC Last name	AZ  IA  NV  SD  first, if ind	individual  AR  KS  NH  TN  ividual)  Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA PR
Bus	AL IL MT RI I Name (I	AK IN NE SC Ast name Residence	AZ IA NV SD first, if ind Address (I	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT  ity, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Bus	AL IL MT RI I Name (I siness or me of Ass tes in Wh	AK IN NE SC Last name Residence cociated Brich Person "All States"	AZ  IA  NV  SD  first, if ind  Address (I	AR  KS  NH  TN  ividual)  Number an  aler  s Solicited individual	CA KY NJ TX d Street, C or Intends States)	CO LA NM UT  ity, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Bus	AL IL MT RI I Name (I	AK IN NE SC Ast name Residence	AZ  IA  NV  SD  first, if ind  Address (I	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT  ity, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF	ROCEEDS	
•			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Time of Security	Aggregate	Amou

	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already  Sold
	Debt\$_		<u> </u>
	Equity	25,000,000.00	<b>\$</b> 17,652,523.44
	☐ Common ☐ Preferred		1
	Convertible Securities (including warrants)\$		\$
	Partnership Interests		s;
	Other (Specify)		s
	Total	25,000,000.00	<b>§</b> _17,652,523.44
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	18	§ 17,652,523.44
	Non-accredited Investors	)	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		1
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	<u> </u>	\$ 0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	_	\$ 0.00
	Printing and Engraving Costs	_	\$ 0.00,
	Legal Fees		\$ 30,000.00
	Accounting Fees		\$ 1,000.00
	Engineering Fees	_	\$_0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify) Administrative and Travel		\$ 5,500.00
	Total	. (71	s 36,500.00

<b>[</b> **	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$	63,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			i
		Payments to Officers, Directors, & Affiliates		ments to
	Salaries and fees	] <b>\$</b>	<b>\$_</b>	<u> </u>
	Purchase of real estate	] <b>\$</b>	<b>\$</b>	
	Purchase, rental or leasing and installation of machinery and equipment	]\$	s	; ; 
	Construction or leasing of plant buildings and facilities	] <b>\$</b>	□ <b>\$</b>	<u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	□\$	
	Repayment of indebtedness	_		7,
	Working capital			
	Other (specify): general operating expenses	] \$		4,963,500.00
			s	!
	Column Totals	]\$ <u>0.00</u>	<b>[</b> ] \$_2	4,963,500.00
	Total Payments Listed (column totals added)	Z \$_24	,963,500	0.00
Ç.,	D-PEDERAL SIGNATURE	or a service	45.4	
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writter	e 505, th	e following of its staff,
		Date // - a	79	- /
	e Smart Pill Corporation	/( 0	1-0	<u>ی کا کا</u>
	ne of Signer (Print or Type)  d Barthel  Title of Signer (Print or Type)  President and CEO '			; ,
				· · · · · · · · · · · · · · · · · · ·
		,		<b>.</b>

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E STATE SIGNATURE			克族
1.		2 presently subject to any of the disqualification	Yes	No	!
	provisions of such rule?			X	
	į	See Appendix, Column 5, for state response.			i
2.	The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as req	to furnish to any state administrator of any state in which this not uired by state law.	tice is filed a no	tice on	Fòrm
3.	The undersigned issuer hereby undertake issuer to offerees.	s to furnish to the state administrators, upon written request, in	formation furn	ished b	y the
4.	limited Offering Exemption (ULOE) of th	e issuer is familiar with the conditions that must be satisfied to te state in which this notice is filed and understands that the issu- lishing that these conditions have been satisfied.			
	er has read this notification and knows the c thorized person.	ontents to be true and has duly caused this notice to be signed on it	ts behalf by the	undersi	gned
Issuer (	Print or Type)	Signature Date			—
The Sm	art Pill Corporation	Ward Burt 11-	29-0	6	1
Name (	Print or Type)	Title (Print or Type)			-

President and CEO

## Instruction:

**David Barthel** 

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach | offering price to non-accredited Type of investor and explanation of amount purchased in State offered in state investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors **Investors** Yes State Amount Amount No. AL ΑK ΑZ AR Seriés F Preference Stick AndWAMANT 10 999.999.50 CA X \$0.00 CO CT DE DC FL GA HI ID IL IN ΙA KS KY LA ME MD MA MI MN MS

Type of security and agreed to non-accredited investors in State (Part B-Hem 1)  State Ves No Number of Accredited Investors No Number of Accredited Investors (Part C-Hem 1)  Number of Accredited Investors (Part C-Hem 2).  No Number of Non-Accredited Investors (Part C-Hem 2).  No Number of					APP	ENDIX				KE MU	
State   Ves   No	1	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State (Part C-Item 2),				Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No <sup>†</sup>	
NE	МО			•			<u>.</u>				
NV	МТ										
NV	NE		×	Series F Preferred Stock and walkers	1	4999,997.77	0	\$0.00		x	
NJ	NV					1					
NM	NH									-	
NY	NJ	,								•	
NC	NM										
NC	NY		×	Stock and Warrants	3	A792,996.76	0			×	
OH	NC	·		-							
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OR	ОН	٠									
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•	to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
		-Item 1)	(Part C-Item 1)					(Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY	:									